

<p style="text-align: center;">Bureau of HIV & STD Prevention HIV/STD Clinical Resources Division</p>

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**TDH HIV/STD CLINICAL SERVICES DIVISION POLICY AND PROCEDURES FOR
COMPLIANCE WITH CHILD ABUSE SCREENING, DOCUMENTING AND
REPORTING FOR CONTRACTORS/PROVIDERS**

Policy: Contractors/providers will be monitored to ensure compliance with screening for child abuse and reporting according to Chapter 261 of the Texas Family Code and the TDH Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers.

Procedures:

During site monitoring of contractors/providers by the HIV/STD Clinical Resources Division the following procedures will be utilized to evaluate compliance:

1. The contractor=s/provider=s process used to ensure that staff are reporting according to the Chapter 261 and the TDH Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers will be reviewed as part of the Clinical/Case Management Program Site Visit Report (Section IV, Subsections A, #6 and D, #15; and Section V, Subsections A, #5 and D, #8). To verify compliance with this item, monitors must review a) that the contract/provider adopted the TDH Policy; b) the contractor's/provider's internal policy which details how the contractor/provider will determine, document and report instances of abuse, sexual or non-sexual, for all clients who have never been married and are under the age of 17, in compliance with the Texas Family Code, Chapter 261 and the TDH Policy; c) the contractor/provider followed their internal policy and the TDH Policy; and, d) the contractor's/provider's documentation of staff training on child abuse reporting requirements and procedures.
2. All clinical/case management records of clients under 14 years of age who are pregnant or have a confirmed diagnosis of an STD acquired in a manner other than through perinatal transmission or transfusion will be reviewed for appropriate screening and reporting documentation as required in the clinic or site being visited during a site monitoring visit. The review of the records will involve reviewing that the Checklist for TDH Monitoring was utilized; a report was made; and the report was made in the proper timeframes required by law. The records to be reviewed for compliance are only those for services provided. Results of the record reviews will be summarized on the HIV/STD Clinical Resources Division Site Visit Tool.
3. If during the record review process, noncompliance is identified, the staff person responsible will be notified and asked to make a report as required by law. The contractor/provider Director will be notified of the problem (or WIC Director for contractors that are WIC only contractors). Noncompliance will again be identified during the Exit Conference with the contractor/provider. One incidence constitutes noncompliance.

4. If it is found during routine record review of records for services that a report should have been made as evidenced by the age of the client and evidence of sexual activity, the failure to appropriately screen and report will be identified as lack of compliance with TDH Policy and the HIV/STD Clinical Resources Division will identify the need for the contractor/provider to train staff. Failure to report will be brought to the attention of the staff person who should have made the report or the appropriate supervisor with a request to immediately report. This failure to report will also be discussed with the contractor/provider Director (or WIC Director for contractors that are WIC only contractors). Results of the record review will be summarized on the HIV/STD Clinical Resources Division Site Visit Tool.
5. The report sent to the contractor/provider will also indicate the number of records reviewed in each clinic that were found to be out of compliance. This information will be sent to the contractor/provider six weeks from the date of the review, which is the usual process for Site Monitoring Reports.
6. The contractor/provider will then be given six weeks to respond with written corrective actions to all findings. If the contractor/provider has other findings that warrant a technical assistance, accelerated monitoring or probation visit, the HIV/STD Clinical Resources Division will make necessary contacts, according to current procedures. Records and/or policies will again be reviewed to ensure compliance with Chapter 261 and the TDH Policy requirements. Only created or amended records since the last visit will be reviewed during subsequent monitoring. If any subsequent finding of noncompliance is identified during a subsequent monitoring or technical assistance visit, the contractor/provider will be referred for financial sanctioning.
7. If the contractor/provider does not provide corrective actions during the required time period, the contractor/provider will be sent a past due letter with a time period of 10 days to submit the corrective actions. If the corrective actions are not submitted during the time period given, failure to submit the corrective action is considered a subsequent finding of noncompliance and the contractor/provider will be referred for financial sanctioning due to noncompliance with Chapter 261 and the TDH Policy.
8. If a contractor/provider is found to have minimal findings overall but did have findings of non compliance with Chapter 261 and the TDH Policy, an additional sanction (accelerated monitoring or probation) visit solely to review child abuse reporting will not be conducted. For agencies that receive technical assistance visits as a result of a quality assurance review, the agency will again be reviewed for compliance with child abuse reporting for the requirements with which the agency did not comply. In all cases, the corrective actions submitted by the contractor/provider will be reviewed to ensure that the issues have been addressed. Agencies that do not receive a sanction or technical assistance visit will be required to complete the TDH Progress Report, Compliance with Child Abuse Reporting, within three months after the corrective actions are begun (no later than six months from the initial visit). Failure to submit a Progress Report within the required time period or submission of a report that is not adequate constitutes a subsequent finding of noncompliance with TDH Child Abuse Screening, Documenting, and Reporting Policy for Contractors/Providers and the contractor/provider will be referred for financial sanctions.

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Checklist for TDH Monitoring

Date: _____

Client's name: _____

Client's age (use this checklist only if client is under 14): _____

Staff person conducting screening: _____

Each contractor/provider shall ensure that its employees, volunteers or other staff report a victim of child abuse who is a minor under 14 years of age who has engaged in sexual activity with any individual to whom the minor is not married. Sexual activity would be indicated if the minor is pregnant or has a confirmed diagnosis of a sexually transmitted disease acquired in a manner other than through perinatal transmission or transfusion.

Using the criteria above, did you determine that a report of child abuse is required? ☐ Yes ☐ No
If "yes", please report and complete the information below.

Report was made: ☐ Yes ☐ No

Staff person who submitted the report (optional): _____

Date reported: _____

Name of agency to which report was made: _____

DPRS call ID# or law enforcement assigned # (optional) _____

Name of person who received report (optional): _____

Phone number of contact (when applicable): _____

Use of the checklist for TDH monitoring of reporting of abuse of children younger than 14 who are pregnant or have STDs does not relieve contractors or subcontractors of the requirements in Chapter 261, Texas Family Code, to report any other instance of suspected child abuse.